any loss of sensation following on the side opposite to the lesion, seemed rather opposed to the view that decussation of the conductors of sensitive impressions takes place all along the spinal cord; for, although only a portion of the gray matter was divided on the right side, yet if the sensitive fibres decussate before reaching the medulla oblongata, the left side of the body ought to have had a diminished sensibility, whereas the opposite was the fact—sensibility was diminished on the right side. The existence of increased temperature on the side of the lesion was also an interesting phenomenon; this and the somewhat flushed condition of the face were symptoms somewhat similar to those which follow an injury to the sympathetic. The author alluded to a case reported by M. Begin, in Longet's *Anatomie et Physiologie du Système Nerveux*, where one antero-lateral column of the cord was divided by a sharp instrument, the posterior columns and the central gray matter being uninjured. In that case there was loss of power of the affected side, but no loss of sensation. The case he had reported, coupled with that of M. Begin, and taken with the experimental and pathological cases which have been already brought forward, seemed to prove beyond doubt that neither the posterior columns of the cord nor the restiform bodies were concerned in transmitting sensitive impressions. In conclusion, the author dwelt on the importance of a careful observation of such rare cases as the one he had related, which constituted, in fact, a repetition in man of the experimental inquiries so often made by physiologists. Such cases, when correctly observed, might serve to establish important physiological doctrines, as not being open to the objections which might be advanced against the results of vivisections in the lower animals, or the facts observed in disease in man.—*Lancet*, May 16, 1863.

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28. *Treatment of Nasal Polypi by Bichromate of Potash.*—Dr. Frédéricq states in a communication to the Society of Medicine in Ghent, that he has successfully treated twenty cases of nasal polypus by means of bichromate of potash. A saturated aqueous solution of the salt is applied by means of a small brush to the parts of the polypus within reach, care being taken to avoid the neighbouring tissues. The operation may be repeated several times. It does not generally produce distress or pain; but, at the end of about three or four days, the polypus becomes the seat of a kind of inflammation which extends sometimes to the nose. It swells up, and a watery and slightly acrid fluid often flows from the nose. This inflammation, however, need not give rise to alarm; it never lasts above two days. When the irritation has gone off, the polypus will be found to have partially or entirely disappeared. When the first signs of inflammation appear, the application is suspended, and is repeated when the irritation has ceased. It is not uncommon to find polypi cured in five or six days, after a single application. Relapses are rare after treatment by bichromate of potass, in polypi as well as in syphilitic vegetations. The cases treated occurred in females, most of whom had passed their fiftieth year. The tumours varied in number, size, and shape; all were mucous except one, which was fibrous, and which did not appear to be radically cured.—*British Med. Journal*, Aug. 2, 1862, from *Annales de la Société de Méd. de Gand*, March and April, 1862.

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29. *Conservative Tendency of Nature in Injuries.*—Mr. John Williams communicated to the Surgical Society of Ireland the following case, which strikingly illustrates the conservative tendency of nature in injuries:—

William B——, a healthy young man, 20 years of age, left England for Australia, to seek his fortune, in the month of November, 1860, in the ship *Queen of Commerce*. On the third day after sailing, while sitting on a "spree mast" which lay on deck, and which, he states, must have been badly lashed, a heavy sea struck the side of the vessel and coming over forced the former out of its berth, causing it to snap the ropes that tied it. Being thus loosened, it rolled across the deck, and throwing W. B. prostrate, passed over his lower extremities and nearly crushed him to death. Before I proceed further, I must premise that it is not obligatory on the owners of emigrant ships to provide surgeons for passengers if they be under a certain number—an *indulgence* essentially bad, and one that ought to be rescinded by the Board of Trade. When

he was removed to the cabin, it was found that "the right thigh bone was broken in the centre, the same hip injured, while the ankle of the corresponding limb appeared to have been sprained." *As there was no surgeon on board*, the precise nature of the injuries sustained by the right hip and left ankle-joint could not be known; but a kind and sympathizing fellow-passenger, a Mr. Young, set the broken thigh, as well as he was able, and, good Samaritan-like, watched and tended him carefully for the remainder of a voyage thus so inauspiciously commenced. During the greater portion of the passage, extending over three months, he was confined to his cabin, and inadequately can it be conceived what sufferings and inconveniences, caused by the rolling of the ship, and the great privations experienced by invalids at sea he patiently endured, while on reaching port he was again unhappily subjected to suffering little less in severity. When the *Queen of Commerce* reached Melbourne the precise nature of his injuries were ascertained. *The right femur, in addition to fracture of its shaft, had been dislocated into the sciatic notch, and Pott's fracture and dislocation of the left ankle sustained.* Let us for a moment reflect on the position of a patient in such a condition at sea, and far from surgical aid, and then contrast the termination of his case with the probable issue of one who had met similar injuries, but who enjoyed every assistance that eminent surgical skill could afford. It was deemed advisable by the medical men of Melbourne, to attempt, even after the lapse of three months, the reduction of the dislocation of the hip. Could it have been reduced when recent? For obvious reasons no interference could be made with Pott's fracture and dislocation of the left ankle. During the efforts made to dislodge the head of the right femur from the sacro-sciatic notch—a proceeding, I need scarcely remark, surrounded with difficulties when the dislocation is recent, not to speak of the late period at which it was then attempted—the femur snapped at the seat of the former fracture, thereby putting an end to all further endeavours at reduction, and consequently the head of the bone was suffered to remain in its new position. Being of a good constitution he again recovered without any bad symptoms.

From what I have related, the condition of this fine lad, the son of a clergyman, whose widow lives at present in Cork, can hardly be imagined. Buoyant with hope he left his mother and his home to seek support in a distant land; but ere the lapse of three days after sailing, all his expectations were for ever rudely blasted, and his life nearly forfeited. I reached Australia, having taken the voyage for the benefit of my own health, twelve months after he had met with these injuries, but was unaware of the fact until I received a request from his mother that I would find him out and ascertain the exact condition he was in. I accordingly did so, and my amazement may well be imagined, when I met him walking about the streets of Melbourne with the mere aid of a walking-stick in his hand. He walked lame, but not to the degree that may be expected in one whose right femur, in addition to having been twice fractured in the short space of four months, lay in the sacro-sciatic notch, and whose left ankle presented an unreduced Pott's fracture. His right leg was two inches and a-half shorter than the left, and the characteristic signs of dislocation of the head of the femur into the sciatic notch were present. The deformity of the left ankle was very great, and was evidently caused by dislocation of the tibia in addition to the fracture of the fibula. He occasionally felt great pain in the seat of the latter injury, and said it troubled him more than all the others, particularly if he walked much. The other symptoms he complained of were pain, referred to the new situation of the head of the right femur, which limb often became numb and dead, particularly if, when sitting, he crossed it on the corresponding one. He also experienced a "great catch" about the crest of the right ilium when he bent his body forwards. He often complained of a sense of fatigue and a disinclination to sit erect even to his meals. He could not well sit on an ordinary chair, but preferred a high seat, as bending the body distressed him. When he got off his seat, he was obliged to walk on the toes of the right foot for a little time before he could rest the sole on the ground. Flexion of the toes of the left foot was very limited.

I got him to stand on the right leg and rest the weight of his body on that

limb alone. This he did without inconvenience, thus showing the great accommodation afforded to the head of the femur in the sciatic notch. Finally, he experienced difficulty in the flexion of this leg, and when sitting had to keep it fully extended.

Little comment is needed on this distressing case, left, I may say, altogether to nature. It is true many unpleasant symptoms were often complained of; but, on carefully reviewing the foregoing history of this case, and remembering that but twelve months had barely elapsed since those injuries were sustained, one of which had been again renewed, I think few practical surgeons will refuse to join me in stamping W. B.'s recovery as one of the greatest triumphs of nature in the conservative cure of injuries.

With one question I will conclude this case. Unless by manipulation alone under the use of chloroform could the dislocation of the fractured femur, when the injury was recent, be otherwise reduced?—*Dublin Med. Press*, March 4, 1863.

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30. *Aneurism of Vertebral Artery.*—The *Gazeta de Lisboa* relates a case of aneurism of the vertebral artery which was mistaken for aneurism of the carotid. It occurred in the Lisbon Hospital San José. The tumour occupied the eft side of the neck, reaching from the ear down to within four or five *centimètres* of the clavicle. It was soft, elastic, and pulsated feebly, the pulsation being diminished by pressure on the carotid. There was no *bruit* audible over t. It was first thought to be an abscess, and afterwards a carotid aneurism. The ligature of this artery was, therefore, practised; but the pulsations of the tumour were not stopped thereby. In the evening of the day of operation, the patient became agitated, and three days later paralysis of the left side of the face occurred, with violent pain in the arm, which was also paralyzed on the following day. The tumour was rapidly developed; dyspnœa, caused by pressure on the larynx, at last destroyed life about twenty days after the operation. The sac contained about 1000 *grammes* of blood, liquid and in clots, and communicated with the vertebral artery in its passage between the axis and the third vertebra.—*British Med. Journ.*, Feb. 21, 1863.

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31. *Mechanism of Dislocation of the Lower Jaw.*—M. Maisonneuve has succeeded in producing dislocation of the lower jaw on the dead body, by strongly depressing the chin, pushing the condyles forward by placing the fingers behind them, and suddenly raising the jaws by means of the index and middle fingers of each hand, placed behind and under the angle, so as to imitate the action of the masseters. This plan, he says, has never failed in more than thirty instances. On dissection, M. Maisonneuve has found that the condyles are carried in front of the transverse root of the zygomatic processes, and rest on their anterior face; that the coronoid processes, completely enveloped by the tendon of the temporal muscle, are depressed below the zygomatic arches, which they scarcely ever touch, and that they oppose no obstacle to bringing the jaws together; that the capsule of the joint is much stretched, but is not torn; that the external ligament, of which the normal direction is oblique from before backwards, becomes oblique from behind forwards, and is stretched, as are also the spheno-maxillary and stylo-maxillary ligaments; that the temporal muscle is elongated, but its tendon is not torn; and that the external pterygoid muscles and masseters are strongly stretched, but that the general direction of the action of their fibres is in front of the dislocated condyles, and not behind them. M. Maisonneuve found also that reduction was not facilitated by dividing the coronoid processes at their base, nor by dividing the zygomatic arches, nor by opening the capsule of the joint. On dividing merely the stylo-maxillary and spheno-maxillary ligaments, as well as the posterior fibres of the external ligament, the dislocation was reduced by the slightest pressure. He believes that the difficulty of reduction depends on the fixing of the condyle in front of the transverse root of the zygoma, by the passive resistance of the ligaments and the energetic contraction of the elevator muscle. He concludes hence that the best method of reduction is to gently depress the chin so as to relax the ligaments, and to push the condyles strongly back by means of the thumbs,